

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568638

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		/	/			
3		/	/			
4			/			
5		/	/			
6		/	/			
7		1	/			
8		1	/			
9		1	/			
10		1	/			
11		1	/			
12		1	/			
13			1			
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46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			1			
TOTAL DEP.			12			
TOTAL CLAIMS			13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						